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Separate paging is given to this Part in order that it may be filed as a Separate Compilation.

PART IV-A

Rules and Orders (Other than those published in Parts I, I-A, and I-L) made
by the Government of Gujarat under the Central Acts

HEALTH AND FAMILY WELFARE DEPARTMENT NOTIFICATION

Sachivalaya, Gandhinagar, 3rd February, 2024

THE EPIDEMIC DISEASE ACT, 1897

No.GY/002/RBC/102022/SFS-24/G:- WHEREAS, Rabies endemic prevailing throughout the year in India is responsible for extensive morbidity and mortality;

AND WHEREAS, it is observed that approximately 96% of the mortality and morbidity is associated with Dog Bites;

AND WHEREAS, Cats, wolf, jackal, mongoose and monkeys are other important reservoirs of rabies in India and to address the issue of rabies National Rabies Control Programme (NRCP) was launched in the year 2013;

AND WHEREAS, Morbidity ratio is high in Rabies leading to a serious public health concern and to ensure protection against it and also in order to reduce disease burden the Government of Gujarat in exercise of the powers conferred by section 2 of the Epidemic Diseases Act, 1897, hereby declares Human Rabies as infectious disease (i.e. notifiable disease) and makes the following regulations, namely:-

- (1) These regulations may be called as the **Gujarat Rabies Control Regulations, 2023**.
- (2) They shall come into force on and from the date of their publication in the *Official Gazette*.

2. It shall be mandatory for healthcare provider to report or notify each human rabies case to "Authorized person" i.e. Additional Director (Public Health) at State level, District Health Officer at District level and Municipal Health Officer of a Municipal Corporation in Form A annexed herewith immediately but not later than 24 hours within occurrence of the incident so that the State is able to prevent new rabies cases and death.
3. For the purpose of reporting of the case or notifying it under Regulation 3, a human rabies case shall be defined as follows, namely:-

- a) **"Suspected Case"**: Death of a human being with history of dog bite few weeks/months preceding death wherever applicable, the details of which shall be shared in Form A.
- b) **"Probable Case"**: A suspected human case plus history of exposure to a (suspect / probable) rabid animal.

"Exposure" is usually defined as a bite or scratch from a rabies-susceptible animal (usually dogs). It could also be lick exposure to open wound, abrasion, mucous membranes of the patient.

A suspected rabid animal is a rabies-susceptible animal (usually dogs) which presents with any of the following signs at the time of exposure or within 10 days following exposure: unprovoked aggression (biting people or animals or inanimate objects), hyper salivation, paralysis, lethargy, abnormal vocalization, or diurnal activity of nocturnal species. Whenever the history of above symptoms cannot be elicited, the history of exposure to rabies-susceptible animal would be considered adequate. A probable rabid animal is a suspect rabid animal with additional history of a bite by another suspect/probable rabid animal and is a suspect rabid animal that is killed, died, or disappeared within 4-5 days of observing illness symptoms wherever available, the details of such cases shall be shared in Form B.

- c) **"Laboratory Confirmed case"**: A suspect or a probable human case that is laboratory-confirmed. Laboratory confirmation to be done by one or more of the following method:-
 - I. Detection of rabies viral antigens by direct Fluorescent Antibody Test (FAT) or by ELISA in clinical specimens, preferably brain tissue (collected postmortem).
 - II. Detection by FAT on skin biopsy (ante mortem).
 - III. FAT positive after inoculation of brain tissue, saliva or CSF in cell culture, or after intracerebral inoculation in mice or in suckling mice.
 - IV. Detectable rabies-neutralizing antibody titer in the serum or the CSF of an unvaccinated person.
 - V. Detection of viral nucleic acids by PCR on tissue collected post mortem or intra vitam in a clinical specimen (brain tissue or skin, cornea, urine or saliva). Wherever available; the details of such cases shall be shared in Form C.

4. The Additional Director (Public Health) shall provide online Reporting mechanism for monitoring of the Rabies cases in the State.
5. Testing / Treatment / Management:- The Superintendent or the Registered Medical Practitioners shall ensure that the treatment of Rabies or such other illness is given as per standard protocols/ guidelines issued from time to time by the Central Government, State Government or World Health Organization as the case may be.
6. Penalty: Any person disobeying any regulations or order made under the Epidemic Diseases Act, 1897 shall be deemed to have committed an offence punishable under section 188 of the Indian Penal Code (45 of 1860).

Form A

Sr. No	Details	Information
1	Hospital Name	
2	Hospital Full Address	
3	Hospital Contact Number	
4	Patient Name	
5	Patient Age or Date of Birth	
6	Patient Gender	
7	Patient Address : Society Name	

Sr. No	Details	Information
8	Patient Address : Village/Ward Name	
9	Patient Address : District/Corporation Name & Pin Code	
10	Patient Contact Number	
11	Date of Onset Symptoms	

Date:**Signature alongwith Designation****Form B**

Sr. No	Details	Information
1	Hospital Name	
2	Hospital Full Address	
3	Hospital Contact Number	
4	Patient Name	
5	Patient Age or Date of Birth	
6	Patient Gender	
7	Patient Address : Society Name	
8	Patient Address : Village/Ward Name	
9	Patient Address : District/Corporation Name & Pin Code	
10	Patient Contact Number	
11	Date of Onset Symptoms	
12	Provisional Diagnosis	
13	Test Requested	
14	Sample Collection Date	
15	Type of Sample	
16	Specimen ID	

Date:**Signature alongwith Designation****Form C**

Sr. No	Details	Information
1	Hospital Name	
2	Hospital Full Address	
3	Hospital Contact Number	
4	Patient Name	
5	Patient Age or Date of Birth	
6	Patient Gender	
7	Patient Address : Society Name	
8	Patient Address : Village/Ward Name	
9	Patient Address : District/Corporation Name & Pin Code	
10	Patient Contact Number	
11	Date of Onset Symptoms	

Sr. No	Details	Information
12	Provisional Diagnosis	
13	Test Requested	
14	Sample Collection Date	
15	Type of Sample	
16	Specimen ID	
17	Date of Test Performed	
18	Results	

Date:

Signature alongwith Designation

By order and in the name of the Governor of Gujarat,

R. A. PRAJAPATI,

Under Secretary to Government.

